
Special Care Protocols:

Presumed Dead On Arrival (PDOA)



Note Well: *This protocol addresses when field resuscitation of patients fitting the below criteria should not be initiated. Sound judgement and assessment skills must be used when presuming a patient dead on arrival (PDOA). In the event of a PDOA patient, MPD must be contacted and a Patient Care Report must be completed in its entirety.*

I. Criteria

1. Patients may be presumed dead on arrival if apneic and pulseless with evidence of one or more of the following.

- A. Rigor Mortis.



Note Well: *Rigor Mortis is the stiffness seen in corpses and begins with the muscles of mastication and progresses from the head down to the legs and feet last. Generally manifested in 1 to 6 hours and maximum 6 to 24 hours.*

Livor Mortis is the cutaneous dark spot on dependent portion of a corpse. Generally manifested within ½ to 2 hours. Reaches maximum in eight to twelve hours.

- B. Dependent Lividity.
 - C. Decapitation.
 - D. Decomposition.
 - E. Traumatic injuries incompatible with life.
 - F. Incineration.
 - G. Submersion greater than or equal to 24 hours.

Special Care Protocols:

Presumed Dead On Arrival (PDOA)

I. Criteria (continued)

2. Should resuscitation efforts be initiated prior to the arrival of the EMS unit efforts must be continued and the patient transported to the nearest appropriate facility unless
 - A. Criteria is met in section 1.
 - B. Termination efforts approved by Medical Control.
3. Should there be a question whether or not to resuscitate a patient, resuscitation efforts should be initiated and the patient transported to the closest appropriate facility.



Note Well: *Special consideration patients such as pediatric, hypothermia, and obstetric patients (> 20 weeks) should be resuscitated and transported to the closest appropriate facility unless the criteria in section 1 is met.*